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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/901,031	07/10/2001	2641	1940	CHAZAN=1A	3	75	6

00144
RUBIN D. SILVERN
12 SULGRAVE ROAD

SCARSDALE, NY 10583

CONFIRMATION NO. 6360

FILING RECEIPT



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Date Mailed: 08/23/2001

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Applicant(s)

Dan Chazan, Haifa, ISRAEL;
Ron Hoory, Haifa, ISRAEL;

Assignment For Published Patent Application

INTERNATIONAL BUSINESS MACHINES CORPORATION, Armonk, NY;

Domestic Priority data as claimed by applicant

THIS APPLICATION IS A CIP OF 09/432,081 11/02/1999

Foreign Applications

If Required, Foreign Filing License Granted 08/22/2001

Projected Publication Date: 11/29/2001

Non-Publication Request: No

Early Publication Request: No

Title

Feature-domain concatenative speech synthesis

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Technology Center 2600

Preliminary Class

704

Data entry by : CHANTRACHUCK, CHOMKEO **Team :** OIPE

Date: 08/23/2001



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Bib Data Sheet

CONFIRMATION NO. 6360

SERIAL NUMBER 09/901,031	FILING DATE 07/10/2001 RULE	CLASS 704	GROUP ART UNIT 2654	ATTORNEY DOCKET NO. CHAZAN=1A	
APPLICANTS Dan Chazan, Haifa, ISRAEL; Ron Hoory, Haifa, ISRAEL; ** CONTINUING DATA ***** THIS APPLICATION IS A CIP OF 09/432,081 11/02/1999 ** FOREIGN APPLICATIONS ***** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 08/22/2001					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		STATE OR COUNTRY ISRAEL	SHEETS DRAWING 3	TOTAL CLAIMS 75	INDEPENDENT CLAIMS 6
ADDRESS 001444					
TITLE Feature-domain concatenative speech synthesis					
FILING FEE RECEIVED 1940	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		